

Rhode Island Medicare Advantage, Cost Plans, and Demonstrations

* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits. Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).
Includes contracts/plans approved as of October 10, 2005. The data does not reflect PACE organizations, employer sponsored plans, or HCCP Cost Plans.

Description										Cost				Coverage				Convenience
County	Organization Name	Plan Name	Type of Medicare Advantage Plan				Cost Plan	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap		Number of Top 100 Drugs on Formulary	Mail Order Offered
			HMO	Local PPO	Regional PPO	Private Fee-for-Service					Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands		
BRISTOL	Blue Cross & Blue Shield Of Rhode Island	BlueCHIP for Medicare Standard	•						\$0.00	-								
		BlueCHIP for Medicare Optima	•						\$30.27	\$30.27			•	•			96	•
		BlueCHIP for Medicare Standard with Part D	•						\$36.00	\$27.93	•			•			96	•
		BlueCHIP for Medicare Plus	•						\$79.00	\$33.01	•			•			96	•
	SecureHorizons Direct	BlueCHIP for Medicare Preferred	•						\$154.00	\$46.70	•			•	•		96	•
		SecureHorizons Direct Plan 1				•			\$0.00	-								
		SecureHorizons Direct Premier Plan 200				•			\$85.00	-								
	United Healthcare Insurance Company	Evercare Plan IP		•					\$27.28	\$27.28	•			•			97	•
		Evercare Plan DH	•						\$30.27	\$30.27	•			•			97	•
	United Healthcare of New England, Inc.	UnitedHealthcare Medicare Complete	•						\$0.00	-								
KENT	Blue Cross & Blue Shield Of Rhode Island	UnitedHealthcare Medicare Complete	•						\$0.00	-								
		UnitedHealthcare Medicare Complete Rx	•						\$0.00	\$0.00	•			•			97	•
		BlueCHIP for Medicare Standard	•						\$0.00	-								
		BlueCHIP for Medicare Optima	•						\$30.27	\$30.27			•	•			96	•
	SecureHorizons Direct	BlueCHIP for Medicare Standard with Part D	•						\$36.00	\$27.93	•			•			96	•
		BlueCHIP for Medicare Plus	•						\$79.00	\$33.01	•			•			96	•
		BlueCHIP for Medicare Preferred	•						\$154.00	\$46.70	•			•	•		96	•
	United Healthcare Insurance Company	SecureHorizons Direct Plan 4				•			\$25.00	-								
		SecureHorizons Direct Premier Plan 200				•			\$85.00	-								
	United Healthcare of New England, Inc.	Evercare Plan IP		•					\$27.28	\$27.28	•			•			97	•
		Evercare Plan DH	•						\$30.27	\$30.27	•			•			97	•
	United Healthcare Insurance Company, Inc.	UnitedHealthcare Medicare Comp Choice Rx		•					\$27.00	\$0.00	•			•			97	•
	United Healthcare of New England, Inc.	UnitedHealthcare Medicare Complete	•						\$0.00	-								
		UnitedHealthcare Medicare Complete	•						\$0.00	-								
		UnitedHealthcare Medicare Complete Rx	•						\$0.00	\$0.00	•			•			97	•

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Description									Cost					Coverage				Convenience	
			Type of Medicare Advantage Plan								Drug Deductible				Type of Additional Coverage Offered in Drug Coverage Gap				
County	Organization Name	Plan Name	HMO	Local PPO	Regional PPO	Private Fee-for-Service	Cost Plan	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard (\$250)	Includes Tiered Copayments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered	
NEWPORT	Blue Cross & Blue Shield Of Rhode Island	BlueChiP for Medicare Standard	•						\$0.00	-									
		BlueCHIP for Medicare Optima	•						\$30.27	\$30.27			•	•			96	•	
		BlueCHIP for Medicare Standard with Part D	•						\$36.00	\$27.93	•			•			96	•	
		BlueCHIP for Medicare Plus	•						\$79.00	\$33.01	•			•			96	•	
		BlueCHIP for Medicare Preferred	•						\$154.00	\$46.70	•			•	•		96	•	
	SecureHorizons Direct	SecureHorizons Direct Plan 4				•			\$25.00	-									
		SecureHorizons Direct Premier Plan 200				•			\$85.00	-									
	United Healthcare of New England, Inc.	UnitedHealthcare Medicare Complete	•						\$0.00	-									
		UnitedHealthcare Medicare Complete	•						\$0.00	-									
		UnitedHealthcare Medicare Complete Rx	•						\$0.00	\$0.00	•			•				97	•
PROVIDENCE	Blue Cross & Blue Shield Of Rhode Island	BlueChiP for Medicare Standard	•						\$0.00	-									
		BlueCHIP for Medicare Optima	•						\$30.27	\$30.27			•	•			96	•	
		BlueChiP for Medicare Standard with Part D	•						\$36.00	\$27.93	•			•			96	•	
		BlueCHIP for Medicare Plus	•						\$79.00	\$33.01	•			•			96	•	
		BlueCHIP for Medicare Preferred	•						\$154.00	\$46.70	•			•	•		96	•	
	SecureHorizons Direct	SecureHorizons Direct Plan 4				•			\$25.00	-									
		SecureHorizons Direct Premier Plan 200				•			\$85.00	-									
	United Healthcare Insurance Company	Evercare Plan IP		•					\$27.28	\$27.28	•			•				97	•
		Evercare Plan DH	•						\$30.27	\$30.27	•			•				97	•
	United Healthcare Insurance Company, Inc.	UnitedHealthcare Medicare Comp Choice Rx		•					\$27.00	\$0.00	•			•				97	•
United Healthcare of New England, Inc.	UnitedHealthcare Medicare Complete	•						\$0.00	-										
	UnitedHealthcare Medicare Complete	•						\$0.00	-										
	UnitedHealthcare Medicare Complete Rx	•						\$0.00	\$0.00	•			•				97	•	

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			Type of Medicare Advantage Plan						Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap		Number of Top 100 Drugs on Formulary	
			HMO	Local PPO	Regional PPO	Private Fee-for-Service					Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands		
County	Organization Name	Plan Name																Mail Order Offered
WASHINGTON	Blue Cross & Blue Shield Of Rhode Island	BlueCHIP for Medicare Standard	•					\$0.00	-									
		BlueCHIP for Medicare Optima	•					\$30.27	\$30.27			•	•			96	•	
		BlueCHIP for Medicare Standard with Part D	•					\$36.00	\$27.93	•			•			96	•	
		BlueCHIP for Medicare Plus	•					\$79.00	\$33.01	•			•			96	•	
		BlueCHIP for Medicare Preferred	•					\$154.00	\$46.70	•			•	•		96	•	
	SecureHorizons Direct	SecureHorizons Direct Plan 4				•		\$25.00	-									
		SecureHorizons Direct Premier Plan 200				•		\$85.00	-									
	United Healthcare Insurance Company	Evercare Plan IP		•				\$27.28	\$27.28	•			•			97	•	
		Evercare Plan DH	•					\$30.27	\$30.27	•			•			97	•	
	United Healthcare Insurance Company, Inc.	UnitedHealthcare Medicare Comp Choice Rx		•				\$27.00	\$0.00	•			•			97	•	
	United Healthcare of New England, Inc.	UnitedHealthcare Medicare Complete	•					\$0.00	-									
		UnitedHealthcare Medicare Complete	•					\$0.00	-									
		UnitedHealthcare Medicare Complete Rx	•					\$0.00	\$0.00	•			•			97	•	